County: Milwaukee HEARTLAND OF MILWAUKEE

3216 WEST HIGHLAND BOULEVARD

MI LWAUKEE 53208 Phone: (414) 344-651	5	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Ski l l ed
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	85	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	98	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	83	Average Daily Census:	83
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	30. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	33. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	10. 8	Under 65	45. 8	More Than 4 Years	36. 1
Day Services	No	Mental Illness (Org./Psy)	22. 9	65 - 74	30. 1		
Respite Care	Yes	Mental Illness (Other)	13. 3	75 - 84	22.9	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	10. 8	85 - 94	0.0	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	4.8	95 & 0ver	1. 2	Full-Time Equivalent	
Congregate Meals	No	Cancer	6. 0	ĺ	ĺ	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	2. 4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	6. 0	65 & 0ver	54. 2		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	6. 9
Referral Service	No	Di abetes	13. 3	Sex	<b>%</b>	LPNs	9. 6
Other Services	Yes	Respi ratory	7. 2		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	2. 4	Male	47.0	Aides, & Orderlies	40. 1
Mentally Ill	No			Femal e	53. 0		
Provi de Day Programming for			100. 0		i		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther		P	ri vate Pay	;		amily Care			Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	5	7. 4	106	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	5	6. 0
Skilled Care	11	100.0	309	<b>54</b>	79. 4	91	2	100. 0	91	0	0.0	0	0	0.0	0	2	100.0	220	69	83. 1
Intermediate				9	13. 2	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	10.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100. 0		68	100.0		2	100. 0		0	0.0		0	0.0		2	100. 0		83	100. 0

Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti ons	, Services	and Activities as of 12/3	31/01
Deaths During Reporting Period				0/ N-			T-4-1
D			0/		edi ng	0/ TD + 11	Total
Percent Admissions from:		Activities of	% _		ance of	3	Number of
Private Home/No Home Health	11. 3	Daily Living (ADL)	Independent		Two Staff		Resi dents
Private Home/With Home Health	<b>29.</b> 0	Bathi ng	19. 3	3	4. 9	45. 8	83
Other Nursing Homes	4.8	Dressi ng	30. 1	3	6. 1	33. 7	83
Acute Care Hospitals	51.6	Transferring	41. 0	3	2. 5	26. 5	83
Psych. HospMR/DD Facilities	1.6	Toilet Use	38. 6	3	1. 3	30. 1	83
Reĥabilitation Hospitals	0.0	Eating	47. 0	3	2. 5	20. 5	83
Other Locations	1.6	**************	******	******	*******	*********	******
Total Number of Admissions	62	Continence		% Sp	ecial Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	14. 5	Receiving l	Respi ratory Care	8. 4
Private Home/No Home Health	19. 7	Occ/Freq. Incontinent				Tracheostomy Care	0.0
Private Home/With Home Health	6.6	Occ/Freq. Incontinent		47. 0	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	6. 6	i •			Recei vi ng (	Ostomy Care	1. 2
Acute Care Hospitals	4. 9	Mobility				Tube Feeding	6. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i			Mechanically Altered Diets	43. 4
Rehabilitation Hospitals	0. 0	1			8	<i>y</i>	
Other Locations	14. 8	Skin Care		0t	her Reside	nt Characteristics	
Deaths	47. 5	With Pressure Sores				ce Directives	30. 1
Total Number of Discharges	20	With Rashes			di cati ons	2110001100	
(Including Deaths)	61					Psychoactive Drugs	42. 2
(Therauling Deaths)	01	I			weeer ving i	by choucer to Drugs	1~. ~

Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 83.8 77. 1 1.09 86. 3 0.97 82.7 1.01 84. 6 0.99 Current Residents from In-County 98.8 82.7 1. 19 89. 4 1. 10 **85**. 3 1. 16 77. 0 1. 28 Admissions from In-County, Still Residing 38.7 19. 1 2.02 19. 7 1.97 21. 2 1.83 20.8 1.86 Admissions/Average Daily Census 74.7 173. 2 0.43 180. 6 0.41 148. 4 0.50 128. 9 0.58 Discharges/Average Daily Census 73.5 173.8 0.42 184. 0 0.40 150. 4 130.0 0.57 0.49 Discharges To Private Residence/Average Daily Census 19.3 71.5 0.27 80.3 0.24 **58.** 0 0.33 52.8 0.37 Residents Receiving Skilled Care 89. 2 92.8 0.96 95. 1 0.94 91.7 0.97 85. 3 1.05 Residents Aged 65 and Older 54. 2 86.6 0.63 90.6 0.60 91.6 0.59 87. 5 0.62 Title 19 (Medicaid) Funded Residents 81.9 71.1 51.8 64. 4 1.27 68. 7 1. 15 1. 58 1. 19 Private Pay Funded Residents 13.9 23.8 22. 0 0.0 0.00 32.8 0.00 0.00 0.00 Developmentally Disabled Residents 10.8 1.3 8.09 1.3 8. 20 0. 9 7.6 1.43 11.54 Mentally Ill Residents 36. 1 32. 5 1. 11 32. 1 1. 13 32. 2 1. 12 33. 8 1. 07 General Medical Service Residents 2.4 20. 2 0.12 22.8 0.11 23. 2 0.10 19. 4 0. 12 Impaired ADL (Mean) 52.6 0.92 50. 0 0.97 51.3 0.94 49.3 0.98 48. 4 Psychological Problems 42. 2 48.8 0.86 55. 2 0.76 50. 5 0.84 51. 9 0.81 Nursing Care Required (Mean) 7. 2 9. 2 7.3 1. 25 7. 8 1. 18 1. 27 7. 3 1. 25